MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Lee (Last) Bond

4. DATE OF DEATH: (Month) Oct. (Day) 3 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 27, 1951

9. AGE last birthday: 2 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Harford Co, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Gover Bond

14. MOTHER'S MAIDEN NAME: Pauline Jasper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mr. Gover Bond Darlington, Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — Interval between onset and death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

493 ✱
109

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/2, 1951, to 10/3, 1951, that I last saw the deceased alive on 10/2, 1951, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

SIGNATURE George T. Stansbury (Degree or title) M.D. ADDRESS Havre de Grace, Md. DATE SIGNED 10/4/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct. 4 1951 | NAME OF CEMETERY OR CREMATORY: Hosanna Cem | LOCATION (City, town, or county): Harford Co, (State): Md,

DATE REC'D BY LOCAL REG.: Oct. 4, 1951 | REGISTRAR'S SIGNATURE: C. H. Kirk | 24. FUNERAL DIRECTOR: H. E. Bailey | ADDRESS: Darlington Md,

2-12-74 337 406

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09929

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 N. Union ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 200 N. Union ave.

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) C. (Last) Boss

4. DATE OF DEATH: (Month) Oct. (Day) 8 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: Oct. 6 1874

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Mtn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Joint Painter Retired

10b. KIND OF BUSINESS OR INDUSTRY: Hat Factory

11. BIRTHPLACE (State or foreign country): Vienna New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph C. Boss

14. MOTHER'S MAIDEN NAME: Charlotte B. Cory

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): Spanish American

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Dr. Frank Wolbert, 200 N. Union ave Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Oedema	1 day
334X Antecedent cause(s) 61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage & hemiplegia (left)	10 days
	(c) arteriosclerosis & hypertension	15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 10 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to Oct 8, 1951, that I last saw the deceased alive on Oct 8, 1951, and that death occurred at 1215 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank Wolbert M.D. ADDRESS: 200 North Union Av Havre de Grace DATE SIGNED: 10/9/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Oct. 11, 1951

NAME OF CEMETERY OR CREMATORY: Stroudsburg Cemetery

LOCATION (City, town, or county) (State): Stroudsburg, Monroe Pa.

DATE REC'D BY LOCAL REG.: Oct 9-1951

REGISTRAR'S SIGNATURE: A. L. Lewis M. D.

24. FUNERAL DIRECTOR: H. Madison Mitchell ADDRESS: Havre de Grace, Md. 10-10-51

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OCT 11 1951
BUREAU V. S.

Item 21 Film G137 11-2-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09330

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 567 Adams Street

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) E. (Last) Boyd
4. DATE OF DEATH: (Month) Oct. (Day) 13 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5-19-67
9. AGE last birthday: 84 yrs.
If under 1 year: Months; Days
If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Johnston
14. MOTHER'S MAIDEN NAME: Julia O. Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. Gerald Boyd, 301 St. John St. Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture. Left Femur — 5 mo

903.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Cardiovascular
186a (c) Disease. Toxemia.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Acc.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) (COUNTY) (STATE): Havre de Grace, Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 5-13-51 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fell in living room. (11-2-51 ams)

22. I hereby certify that I attended the deceased from 5/13, 1951, to 10/13, 1951, that I last saw the deceased alive on 10/13, 1951, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles J. Foley M.D. Havre de Grace Md 10/15/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10/15/51
NAME OF CEMETERY OR CREMATORY: Mt. Lam
LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG.: Oct. 15 1951
REGISTRAR'S SIGNATURE: O. L. Lewis M.D.
24. FUNERAL DIRECTOR: Pennington & Son, Havre de Grace
ADDRESS

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OCT 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09931

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — STATE Maryland — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Francis Villa

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) Commerce & Market

3. NAME OF DECEASED (Type or Print): (First) Sister Mary Adelhelma (Middle) (Last) (Brand)

4. DATE OF DEATH: (Month) (Day) (Year) 10/9/51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6/17/1871

9. AGE last birthday: 80 yrs. — If under 1 year: Months 3 Days 21 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Catholic Schools

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adolph Brand

14. MOTHER'S MAIDEN NAME: Teresa May

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Hospital Records, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage — Cardio Vascular Disease

422.1 93d (c) Coronary Thrombosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/50, to 10/9/51, that I last saw the deceased alive on 10/9/51, and that death occurred at 2:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sister Mary Adelhelma SNJM — Havre de Grace Md — 10/10/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/11/51 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Oct-10-1951 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D. — 24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: Havre de Grace, Md.

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OCT 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 09932 157

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. Bel Air, Md. | LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
STREET ADDRESS (If rural, give location) 236 E Main St.

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) S. (Last) Carroll
4. DATE OF DEATH: (Month) Oct. (Day) 27 (Year) 1951
5. SEX: F
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct. 28 1877
9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Dallas Racine
14. MOTHER'S MAIDEN NAME: Hannah Yocum
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Maude Peterson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Chr. Cardio-vascular Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1951 19..... to Oct. 27 ....., 1951....., that I last saw the deceased alive on Oct. 23 ....., 1951....., and that death occurred at 9 45 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Willard P. Hudson, M.D. — Forest Hill, Md — 10/27/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct 30 1951 | NAME OF CEMETERY OR CREMATORY: Elkton Cemetery | LOCATION (City, town, or county) (State): Elkton, Md.

DATE REC'D BY LOCAL REG. Oct. 30 51 | REGISTRAR'S SIGNATURE: Priscilla Foxwood | 24. FUNERAL DIRECTOR: H.W. Piffin & Son | ADDRESS: Elkton Md.

RECEIVED
NOV 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air. | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ardmore
STREET ADDRESS (If rural, give location) 51 Holland Ave.

3. NAME OF DECEASED (Type or Print): (First) Elaine (Middle) J. (Last) Carter
4. DATE OF DEATH: (Month) October (Day) 3 (Year) 19 51

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 24, 1932
9. AGE: Last birthday 18 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: House work
11. BIRTHPLACE (State or foreign country): Middlesex County, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herbert Theodore Carter
14. MOTHER'S MAIDEN NAME: Mattie Lee Major

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: 51 Holland Ave Mr. Walter Carter - Ardmore, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture Skull — none

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

1702 (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Main St.
(CITY OR TOWN) Bel Air (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) October 3, 1951 11 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident - Auto into Tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Jerad C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air Md 10/4/51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: Oct 5, 1951
NAME OF CEMETERY OR CREMATORY: Rolling Green Memorial Park
LOCATION (City, town, or county): West Chester (State) Pa.

DATE REC'D BY LOCAL REG 10/4/51
REGISTRAR'S SIGNATURE Pauline Fawwood
24. FUNERAL DIRECTOR: Ernest E. Lee Jr. - Havre de Grace, Md. — ADDRESS

720821

OCT 15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05134

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

vs. A13

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street
LENGTH OF STAY (in this place) 37 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Moncey (Middle) Baldwin (Last) Copenhaver

4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 31-1888

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming - Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Childowie Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jefferson D. Copenhaver

14. MOTHER'S MAIDEN NAME: Bettie Thomas

15. EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Josie Copenhaver, Street, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARDIO - RESPIRATORY FAILURE — Interval between onset and death: 12 HOURS

162X 4'1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ADVANCED CARCINOMATOSIS - (PRIMARY SITE LEFT LUNG) — 7 MONTHS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1947, to. 24 OCT, 1951, that I last saw the deceased alive on 19 OCT., 1951, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

F. P. Sidwell M.D. Bel Air, Md. 25 Oct. 51

23. BURIAL, CREMATION, REMOVAL (Specify): Buried

DATE THEREOF: Oct. 27-1951

NAME OF CEMETERY OR CREMATORY: Mt. Zion cemetery

LOCATION (City, town, or county) (State): Fountain Green Md.

DATE REC'D BY LOCAL REG. 10/26/51

REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR: Linder & Balsbaugh ADDRESS: Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of Information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09935

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place) 0 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) (Last) Craft

4. DATE OF DEATH: (Month) October (Day) 11 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: April 17, 1949

9. AGE last birthday: 2 yrs. — If under 1 year: Months 5, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Harford County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bert Craft

14. MOTHER'S MAIDEN NAME: Mary Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs Mary Craft Rt #1 Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Ascariasis

(c)

1300

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MALNUTRITION, INANITION

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-9, 1951, to 10-11, 1951, that I last saw the deceased alive on 10-11, 1951, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Brown McLeod M.D. Aberdeen, Md. 10-11-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10/13/51 | NAME OF CEMETERY OR CREMATORY: Angel Hill | LOCATION (City, town, or county) (State): Havre de Grace Md.

DATE REC'D BY LOCAL REG.: Oct. 12-51 | REGISTRAR'S SIGNATURE: L. K. Lewis M.D. | 24. FUNERAL DIRECTOR: Cunningham & Son | ADDRESS: Havre de Grace Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05536

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Cornelius (Middle) Charles (Last) Cronin

4. DATE OF DEATH: (Month) Oct. (Day) 5 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S

8. DATE OF BIRTH: July 21 - 1951

9. AGE last birthday: 6 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: L

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Cornelius Cronin

14. MOTHER'S MAIDEN NAME: Le Roe Purvis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Cornelius Cronin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis. — Interval Between Onset and Death: 4 months

Antecedent cause(s) (b) Neuroblastoma, Left Adrenal — Interval Between Onset and Death: ? 3 months.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

193 K
511.5

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June, 1951

19b. MAJOR FINDINGS OF OPERATION: Neuroblastoma, upper abdominal cavity

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Oct. 5, 1951, that I last saw the deceased alive on Oct. 5, 1951, and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE: Charles Richardson Jr. (Degree or title) — ADDRESS: Bel Air Md — DATE SIGNED: 10/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Oct 7/51 — NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens — LOCATION (City, town, or county) (State): Bel Air Md

DATE REC'D BY LOCAL REG. 10/6/51 — REGISTRAR'S SIGNATURE: Priscilla Foxwood

24. FUNERAL DIRECTOR: Jos. S. Tatlow — ADDRESS: Bel Air Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

69937

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Cross Roads
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) CARL (Last) DALTON.

4. DATE OF DEATH: (Month) (Day) (Year) 7 OCTOBER 19 51

5. SEX: Male

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Nov 22, 1901

9. AGE last birthday: 49 yrs. If under 1 year: Months 10 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Operator

11. BIRTHPLACE (State or foreign country): Upper Cross Roads Harford Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William T Dalton

14. MOTHER'S MAIDEN NAME: Annie Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Lida E. Dalton, Baldwin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CORONARY OCCLUSION.	30 MINUTES
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSION	8 YEARS.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19—, to 7 OCT, 19 51, that I last saw the deceased alive on 23 SEPT., 1951, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] M.D. 138 [illegible] 7 Oct 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 10-51 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, Town, or County) (State): Long Green Md.

DATE REC'D BY LOCAL REG. 10/9/51 — REGISTRAR'S SIGNATURE: Priscilla Fawood

24. FUNERAL DIRECTOR — ADDRESS: Warren Gillis

[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09938

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford. Harford Memorial Hospital. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp. Union Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Derrenshire.
4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M.	W.	P. Newborn	10/3/51	yrs.		45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Clayton Brown Jr.
14. MOTHER'S MAIDEN NAME: Derrenshire, Joan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Derrenshire Conowingo, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Prematurity	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atelectasis	45 hours
	(c)	

760 - 159

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-3, 1951, to 10-3, 1951, that I last saw the deceased alive on 10-3, 1951, and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
J. M. Richards M.D. Port Deposit Md 10-3-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 4 1951	Pleasant Grove Cem.	Jerusalem Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 4 1951	A. L. Lewis M.D.	L. E. Lewis	Darlington Md.

VS. A15

RECEIVED
OCT 8 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09939

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 569 Girard Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 569 Girard Street

3. NAME OF DECEASED (Type or Print) (First) Barry (Middle) (Last) Durbin

4. DATE OF DEATH (Month) Oct. (Day) 7, (Year) 1951

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH March 10, 1886

9. AGE last birthday 65 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor

10b. KIND OF BUSINESS OR INDUSTRY Janitor

11. BIRTHPLACE (State or foreign country) Havre de Grace, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas L. Durbin

14. MOTHER'S MAIDEN NAME Rebecca French

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS 569 Girard St. Mrs. Carrie Durbin Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Disease	8 yrs.
	(c) Toxemia	4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 4, 1943, to Oct. 7, 1951, that I last saw the deceased alive on Oct. 7, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles J. Foley M.D. 400 S. Union Ave Havre de Grace Md 10/10/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct 11, 1951

NAME OF CEMETERY OR CREMATORY St. James Cemetery

LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Oct. 10-1951

REGISTRAR'S SIGNATURE C. L. Lewis M.D.

24. FUNERAL DIRECTOR Elmer E. Bullock

ADDRESS Havre de Grace, Md.

OCT 11 1..1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09940

Reg. Dist. No. 182a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kalmia
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Dutton

4. DATE OF DEATH: (Month) October (Day) 27 (Year) 1951

5. SEX: F

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 10/20/1881

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Harford Co Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wm Dutton

14. MOTHER'S MAIDEN NAME: Mary Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Hattie Hill, Bel Air, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 422.1 (c) 93.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection Y, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ___, undetermined ___.*

SIGNATURE: Gerald C Palmer MD — (Degree or title): Deputy Medical Examiner — ADDRESS: Harford Co, Bel Air Md — DATE SIGNED: 10/29/51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: Oct 30/51 — NAME OF CEMETERY OR CREMATORY: C[illegible] Ch's Chapel — LOCATION (City, town, or county) (State): Gibson, Harford Md

DATE REC'D BY LOCAL REG.: 10/29/51 — REGISTRAR'S SIGNATURE: Priscilla Forwood — 24. FUNERAL DIRECTOR: Jos. T Foster — ADDRESS: Bel Air, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air | LENGTH OF STAY (in this place) 16 years
   HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
   STREET ADDRESS (If rural give location) 108 Hayes St

3. NAME OF DECEASED (Type or Print): (First) MAC (Middle) HILL (Last) EDMONDSON.

4. DATE OF DEATH: (Month) OCT (Day) 29 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: SEPT 28/877

9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Painter

11. BIRTHPLACE (State or foreign country): Boone N C

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Wallace W Edmondson

14. MOTHER'S MAIDEN NAME: Addie Edmondson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Mac Hill Edmondson Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) HYPO-STATIC PNEUMONIA & CARDIO-RESPIRATORY FAILURE	3 DAYS
155X Antecedent cause(s)		
46+ Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARCINOMATOSIS	3 MONTHS.
	(c) CARCINOMA OF THE GALL BLADDER	9 MONTHS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 47, to 29 OCT, 1951, that I last saw the deceased alive on 28 OCT, 1951, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. L. Calvert	M. D.	Bel Air, Md	29 Oct. 51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 31/51	Bel Air Memorial Gardens	Bel Air, Md (Harford)

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/29/51	Priscilla Forwood	Joseph T. Lotz	Bel Air Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09942

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air; MARYLAND; LENGTH OF STAY (in this place) 3 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS none.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Vernon (Last) Elliott

4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 22, 1894

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George W. Elliott

14. MOTHER'S MAIDEN NAME: Mary V. Duff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Milton Bull, Bel Air, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr. Rheumatic Myocardial Disease

415 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 930

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 3

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1st, 1951, to Oct 4, 1951, that I last saw the deceased alive on Oct 3, 1951, and that death occurred at 11:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard P. Hudson M.D. ADDRESS: Forest Hill, Md. DATE SIGNED: 10/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct. 7, 1951

NAME OF CEMETERY OR CREMATORY: Grove

LOCATION (City, town, or county) (State): Aberdeen Md.

DATE REC'D BY LOCAL REG.: 10/5/51

REGISTRAR'S SIGNATURE: Priscilla Fawood

24. FUNERAL DIRECTOR: Henry Tarring & Sons ADDRESS: Aberdeen Md.

[illegible] 15 1951

[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) R (Last) FORWood

4. DATE OF DEATH: (Month) Oct (Day) 5 (Year) 1951

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W — 8. DATE OF BIRTH: April 12 1872 — 9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None — 10b. KIND OF BUSINESS OR INDUSTRY: None — 11. BIRTHPLACE (State or foreign country): Hickory Md — 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: W Smithson Forwood — 14. MOTHER'S MAIDEN NAME: Rebecca Olwes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Priscilla Forwood Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL THROMBOSIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Diabetes Mellitus — 332 X 61

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1940, to Oct 5, 1951, that I last saw the deceased alive on Oct 5, 1951, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Willard P. Hudson, M.D. — Forest Hill Md — 10-6-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct 8/51 — NAME OF CEMETERY OR CREMATORY St Ignatius — LOCATION (City, town, or county) (State) Hickory Harford Co Md

DATE REC'D BY LOCAL REG. 10/6/51 — REGISTRAR'S SIGNATURE Priscilla Forwood — 24. FUNERAL DIRECTOR — ADDRESS Joseph T Foster Bel Air Md

OCT 15 1951
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09944

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY HARFORD; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HICKORY; LENGTH OF STAY (in this place) 2 Mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD Co. CONV. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MICHIGAN; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RUDYARD; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) EDWARD (Last) GOODWIN

4. DATE OF DEATH: (Month) October (Day) 13 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 11-4-1890

9. AGE last birthday: 61 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: SELF.

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EDWARD GOODWIN

14. MOTHER'S MAIDEN NAME: SARAH JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-10-2269

17. INFORMANT AND ADDRESS: J. EDWARD GOODWIN 400 S. BONSAL ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma lung (primary) — Interval between onset and death: 2 mos.

162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1951, to Oct 13, 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at 11A m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Harold C Palmer M D | Bel Air, Md. | 10/15/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 10-16-51 | NAME OF CEMETERY OR CREMATORY: SACRED HEART CEM | LOCATION (City, town, or county) (State): 7401 GERMAN HILL RD.

DATE REC'D BY LOCAL REG. 10/15/51 | REGISTRAR'S SIGNATURE: A W Fedrick | 24. FUNERAL DIRECTOR: Charles J. Zeiler | ADDRESS: 901 S. CONKLING ST BALTO. 24. MD

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians; please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural #1. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural #1.
STREET ADDRESS (If rural, give location) Churchville

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) McHaffer (Last) Harlan
4. DATE OF DEATH: (Month) Oct. (Day) 14th (Year) 1957
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug 18-1877
9. AGE last birthday: 74 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George McHaffer
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Glasgow Archer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mary Archer Harlan Box 204 Bel Air

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-resp. failure — 3 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive Heart failure — 3 months
(c) Carcinoma liver secondary to bowel — 7 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to 14 Oct, 1957, that I last saw the deceased alive on 13 Oct, 1957, and that death occurred at 7:00 A m., from the causes and on the date stated above.

SIGNATURE: N. P. Seducet — (Degree or title) M.D. — ADDRESS 124 Alice Ave. Md — DATE SIGNED 15 Oct. 57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 16-1957 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery — LOCATION (City, town, or county) (State): Baltimore Maryland.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Henry Tabbing and Sons — ADDRESS: Aberdeen Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: file write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09946

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Hirtrider (Last)

4. DATE OF DEATH: (Month) October (Day) 5 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH:

9. AGE last birthday: About 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: On Farm

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY: U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-20-2237

17. INFORMANT AND ADDRESS: H. S. Bailey Darlington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic CV disease — Interval between onset and death: 2 yrs.

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1950, to Oct 5, 1951, that I last saw the deceased alive on Oct 3, 1951, and that death occurred at 6A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reuel E Palmer MD ADDRESS: Bel Air Md. DATE SIGNED: 10/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Oct 7 1951 NAME OF CEMETERY OR CREMATORY: Abingdon Cem. LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG.: Oct 6, 1951 REGISTRAR'S SIGNATURE: C. K. Kirk

24. FUNERAL DIRECTOR: H. S. Bailey ADDRESS: Darlington Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09947

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace | LENGTH OF STAY (In this place): 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Concard & Albanies Sts.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace Md.
STREET ADDRESS (If rural, give location): Concard & Albanies Sts.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) (Last) Stake
4. DATE OF DEATH: (Month) Oct. (Day) 22 (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: Black | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: unknown | 9. AGE last birthday: 64 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Unknown | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Eugene Stake

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Embolism — 1 day

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocardial Infarct — 1 week

(c) Chronic Myocarditis — 2 years

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Chronic interstitial Nephritis — 5 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18, 1951, to Oct 22, 1951, that I last saw the deceased alive on Oct 22, 1951, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE: Wm Wallace | (Degree or title): MD | ADDRESS: Havre de Grace Md | DATE SIGNED: 8/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Oct. 25 1951 | NAME OF CEMETERY OR CREMATORY: St James | LOCATION (City, town, or county) (State): Havre de Grace Harford Md

DATE REC'D BY LOCAL REG. Oct. 25-51 | REGISTRAR'S SIGNATURE: A. L. Lewis M. D. | 24. FUNERAL DIRECTOR: R. Madison Mitchell | ADDRESS: Havre de Grace. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 102

1. PLACE OF DEATH: COUNTY Richard Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hydes Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) G. (Last) Hooper
4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 1951
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: May 13-1894
9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Kyle
14. MOTHER'S MAIDEN NAME: Anna Bird
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Edward Hooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Infarction — 1h. 20 Min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — 4 yrs.

(c)

420.1 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 19 49, to Oct. 25, 19 51, that I last saw the deceased alive on Oct. 25, 19 51, and that death occurred at 10:50 P.M., from the causes and on the date stated above.

SIGNATURE: Clifford F. Hudson (Degree or title) M.D. ADDRESS Fork Md. DATE SIGNED 10/27/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct. 29-51 | NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens | LOCATION (City, town, or county): Bel Air (State): Md.

DATE REC'D BY LOCAL REG. 10/26/51 | REGISTRAR'S SIGNATURE: Priscilla Fawwood | 24. FUNERAL DIRECTOR: C. E. Arthur ADDRESS Fork Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09949

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) ALFRED (Last) Kepler

4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W.

8. DATE OF BIRTH: 11-10-77

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Kepler

14. MOTHER'S MAIDEN NAME: Mary Gale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Earl Kepler. Rising Sun. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gastric Carcinoma

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause - stating the underlying cause last (b) Intestinal obstruction

(c)

1 IX

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/24/51

19b. MAJOR FINDINGS OF OPERATION: Ca of stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): 0 (CITY OR TOWN) 0 (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from 9/25/51, to Oct. 4, 1951, that I last saw the deceased alive on Oct. 4, 1951, and that death occurred at 1:40 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William F. Gaare (Rev.) Oakland Md. Hosp. 10-4-57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 6 1951 — NAME OF CEMETERY OR CREMATORY: West Nottingham — LOCATION (City, town, or county) (State): Near Colora, Md.

DATE REC'D BY LOCAL REG.: Oct. 4-1951 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D.

24. FUNERAL DIRECTOR — ADDRESS: L. E. Lyon, Rising Sun, Md.

5 of 4

RECEIVED
OCT 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

(M)

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

VS. A15

1. PLACE OF DEATH: COUNTY Harford. Aberdeen MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen, MD. | LENGTH OF STAY (in this place) 16 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen, MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) Allen (Last) Pencola
4. DATE OF DEATH: (Month) October (Day) 6 (Year) 1951
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 6 Oct. 1951
9. AGE last birthday: yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours 16 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Aberdeen, MD.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Paul Pencola
14. MOTHER'S MAIDEN NAME: Ivy M. Wing
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Post Hospt. Records - A.P.G. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fetal atelectasis — Interval between onset and death: 16 hours

762.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

159 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral edema

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Oct, 1951, to 6 Oct, 1951, that I last saw the deceased alive on 6 Oct, 1951, and that death occurred at 2:05 p.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
DC Herion 1st Lt MC | USAH APG Md | 6 Oct 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct. 8th-1951 | NAME OF CEMETERY OR CREMATORY: Post Cemetery A.P.G. | LOCATION (City, town, or county) (State): aberdeen Maryland.

(DATE REC'D BY LOCAL REG.) Oct 8- 1951 | REGISTRAR'S SIGNATURE: Lillie V. Berry

24. FUNERAL DIRECTOR: Henry Parrish & Sons - aberdeen Md. | ADDRESS

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09951

Reg. Dist. No. 12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY Harford — MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace LENGTH OF STAY (in this place) 53 years HOSPITAL OR INSTITUTION OR STREET ADDRESS 553 Giles Street	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland — COUNTY Harford CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Md. STREET ADDRESS (If rural give location) 553 Giles Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Anna	Rebecca	Pitcock		Oct.	30	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Feb. 29 1884	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Wilmington, Del.	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph H. Ferguson	Sophia West Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
—	—	—	Mr. John H. Pitcock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension - myocarditis	
	(c) Chronic	

420.1
934

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 30 1951, to Oct 30 1951, that I last saw the deceased alive on Oct 18, 1951, and that death occurred at 12 20 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. L. Lewis MD		Havre de Grace Md	11-1-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 2 1951	Mountain Christian Churchyard	Harford County	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-1	[illegible] M.D.	R. Madison Mitchell	Havre de Grace, Md.

VS. A15

RECEIVED
5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route No. 1 near Belair
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walters Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GUSSIE (Middle) L (Last) RUNKLES

4. DATE OF DEATH: (Month) Oct. (Day) 19 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 3, 1876

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales demonstrator

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: -- Leaper

14. MOTHER'S MAIDEN NAME: Elizabeth Morey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. R. Lee Runkles - Port Deposit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL THROMBOSIS	1 hr.
Antecedent cause(s) a. Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteri-sclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to Oct 19, 1951, that I last saw the deceased alive on Oct 15, 1951, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard P. Hudson M.D. — ADDRESS: Forest Hill Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/22/51 — NAME OF CEMETERY OR CREMATORY: Prospect Cem. — LOCATION (City, town, or county) (State): Mt. Airy, Md.

DATE REC'D BY LOCAL REG. 10/22/51 — REGISTRAR'S SIGNATURE: H.A. Hedrick DMR

24. FUNERAL DIRECTOR: Wm. J. Vickers & Sons - Balto — ADDRESS: Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | MARYLAND | LENGTH OF STAY (In this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS 653 St. Clair Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Harford | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | STREET ADDRESS (If rural, give location) 653 St. Clair Street

3. NAME OF DECEASED (Type or Print): (First) Constance (Middle) Jane (Last) Smith

4. DATE OF DEATH: (Month) October (Day) 20 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/22/51

9. AGE last birthday: yrs. 27 | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Havre de Grace, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert T. Smith

14. MOTHER'S MAIDEN NAME: Henrietta V. Duff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: 653 St. Clair Street, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Aspiration Vomitus — Interval Between Onset and Death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 121.0 2

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) Oct (Day) 20 (Year) 1951 (Hour) 14 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Child vomited + respirated through mouth

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection X, Inquiry _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes _, accident X, suicide _, homicide _, undetermined _.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Donald C Palmer M.D. Deputy Medical Examiner Hartford Co Md 10/20/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10/22/51 | NAME OF CEMETERY OR CREMATORY St. James | LOCATION (City, town, or county) (State) Havre de Grace Md.

DATE REC'D BY LOCAL REG. Oct. 22 - 1951 | REGISTRAR'S SIGNATURE C. L. Lewis M.D. | 24. FUNERAL DIRECTOR | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09954

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 902 Erie Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY via Ford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 902 Erie Street

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) J. (Last) Taylor
4. DATE OF DEATH: (Month) 10 (Day) 20 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 29 1901
9. AGE last birthday: 50 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Janitor
11. BIRTHPLACE (State or foreign country): Havre de Grace, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles A. Taylor
14. MOTHER'S MAIDEN NAME: Sarah Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-09-9018
17. INFORMANT AND ADDRESS: Mrs. Mary Hill R.F.D.#1 Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset and Death: 2 hrs

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 20 19 51, to ....., 19....., that I last saw the deceased alive on Oct 20, 1951, and that death occurred at 4 A.M. ...m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel E. Lokes, M.D.
ADDRESS: Havre de Grace
DATE SIGNED: 10/22/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 10/24/51
NAME OF CEMETERY OR CREMATORY: St. James
LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Oct 23-51
REGISTRAR'S SIGNATURE: L. L. Lewis M. D.
24. FUNERAL DIRECTOR: Funeral Director
ADDRESS: Havre de Grace, Md.

OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cardiff — LENGTH OF STAY (In this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cardiff
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	G.	Walker	October	23	1931

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min
Male	white	married	Feb 4 1882	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Milling Co. Watchman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): York Co. Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Maurice Walker
14. MOTHER'S MAIDEN NAME: ~~Mc~~ McCandless

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: 008-07-8642
17. INFORMANT AND ADDRESS: Irene K. Walker, Cardiff, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound cerebrum — Interval between onset and death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

776X
164c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) INJURY: Home — (CITY OR TOWN): Cardiff — (COUNTY): Harford — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 10 - 23 - 1931 — 3 P m.
INJURY OCCURRED: While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer	Deputy Medical Examiner	Harford Co. Bel Air Md.	10/23/31

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct. 26 1931	Slate Ridge cemetery	Delta,	Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/24/31	Priscilla Fowler	Hubert P. Hancock	Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH 51-56

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 627 N. Stokes

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural, give location) 627 N. Stokes Street

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Henry (Last) Ward

4. DATE OF DEATH: (Month) October (Day) 9 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Feb. 7 1884

9. AGE last birthday: 67 yrs. If under 1 year: Months; If under 24 hrs: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Signal Maintenance

10b. KIND OF BUSINESS OR INDUSTRY: B&O R.R.

11. BIRTHPLACE (State or foreign country): Havre de Grace Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Ward

14. MOTHER'S MAIDEN NAME: Mary E. Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 210 -

17. INFORMANT AND ADDRESS: Mrs. Ella E. Ward 621 N. Stokes

18. MEDICAL CERTIFICATION — Havre de Grace, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio-sclerotic C V disease

421.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection X, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident __, suicide __, homicide __, undetermined __.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Lewis C Palmer MD, Deputy Medical Examiner Harford County Bel Air Md 10/15/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct. 12, 1951 | NAME OF CEMETERY OR CREMATORY Angel Hill Cemetery | LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REG. Oct. 9 1951 | REGISTRAR'S SIGNATURE A. L. Lewis M. D. | 24. FUNERAL DIRECTOR, ADDRESS P. Madison Mitchell Havre de Grace Md

60506

V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY York
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Farm Yard
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Matthew (Middle) (Last) Washington

4. DATE OF DEATH: (Month) Oct (Day) 21 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 17 1951

9. AGE last birthday: — yrs. If under 1 year: Months 3, Days —. If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): York Co Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leonard Washington

14. MOTHER'S MAIDEN NAME: Ethel Pickard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Leonard Washington - Farm Yard Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) LOBAR PNEUMONIA	1 DAY
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) MALNUTRITION	3 MONTHS
108	(c) INANITION	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 21, 19 51, to ....., 19....., that I last saw the deceased alive on October 21 19 51 and that death occurred at 2 19 A m., from the causes and on the date stated above.

SIGNATURE: Bruce McDonald (Degree or title): M.D. ADDRESS: Aberdeen Md. DATE SIGNED: 10-21-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct 23 1951 — NAME OF CEMETERY OR CREMATORY: Zion — LOCATION (City, town, or county) (State): Farm Yard Pa

DATE REC'D BY LOCAL REG. Oct. 21-51 — REGISTRAR'S SIGNATURE: A. L. Leudke M.D. — 24. FUNERAL DIRECTOR: Howard Nick — ADDRESS: Farm Yard Pa.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

09958

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) Baltimore St.

3. NAME OF DECEASED (Type or Print): (First) MAE (Middle) V (Last) WebsTeR
4. DATE OF DEATH: (Month) October (Day) 28 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Married	5-9-98	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Smith
14. MOTHER'S MAIDEN NAME: Eliza Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 220-01-6755
17. INFORMANT AND ADDRESS: George Webster - husband

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular Accident	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Myocardial Infarction & Pulmonary Infarction	7 wks
	(c) Hypertensive Cardiovascular disease	15 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis & Dimentia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6/25, 1951, to 10/28, 1951, that I last saw the deceased alive on 10/27, 1951, and that death occurred at 8:00a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George T. Stansbury	M.D.	Havre de Grace Md.	10/28/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov 1 1951	Union Methodist Cemetery	Aberdeen	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 29. 51	A. L. Lewis M.D.	Thomas E. Bullock	Havre de Grace, Md

72-28

RECEIVED
OCT 3 1 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09959

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman, | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) Ferdinand (Last) Winzer

4. DATE OF DEATH: (Month) 10-31 (Day) (Year) 1951

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed | 8. DATE OF BIRTH: Sept. 4, 1861 | 9. AGE last birthday: 90 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. (rtd) | 10b. KIND OF BUSINESS OR INDUSTRY: Packing House | 11. BIRTHPLACE (State or foreign country): Germany | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ferdinand E. Winzer | 14. MOTHER'S MAIDEN NAME: Frederica M. Schimpf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: no | 17. INFORMANT: Mr. John P. Winzer-3219 Howard Park Ave. Balto. 7, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema — 12 hr.

177 X Antecedent cause(s) (b) Heart Failure — 12 hr.

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Carcinoma of Prostate — 16 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: September 1950 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate, Obstructive | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify): None | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 19.50, to ~~Oct 30~~ DOR Oct 30, 19.51, that I last saw the deceased alive on Oct 30, 19.51, and that death occurred at 9:00 P m., from the causes and on the date stated above.

SIGNATURE Peter V. Normyle, M.D. (Degree or title) ADDRESS Aberdeen, Maryland DATE SIGNED 10-30-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE 11/2/51 | NAME OF CEMETERY OR CREMATORY: Woodlawn Cem. | LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 11-1-51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Wm. J. Fichner & Sons — 290609 Balto., Md. | ADDRESS